File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319



FOR INSTRUCTIONS, SEE BACK OF FORM

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COMMITTEE NAME (44:04 h	DISCLOSURE S	UMMARY PAGE	(En	Tailed 7/2/109
COMMITTEE NAME (MUSED	e same as on Statement of Organiz	ration)	_ĭ''	
UnitedHealth Group Inc.,	Political Action Committee of Iov	va.		FORM
(1)Statewide/Legislative/Judge (4)County Central Committee (of committee you are reporting for: 2 Standing for Retention Candidate (2)5 5)County Candidate (6)City Candidat tty PAC (9)City PAC (10)School Boa	e (7) School Board or Other Politica	(DR-2 (Rev. 07/2007) DISCLOSURE REPORT For Office Use Only Comm. #
CANDIDATE COMMITTEES Candidate Name	ONLY:	Political Party (if applicable)		Logged In A V
Office Sought		District (if Senate or House)		ComputerAudited
SIGNATURE OF PERSON FIL	ible civil and criminal penalties. Pursu	TELEPHONE	.(7) and (
				DATE SIGNED
AM FILING A July 19, 2009)	_ REPORT FOR (1) ELECTION	/(2)NON	I-ELECTION YEAR.
(n	eport date)	Indicate by #	‡ 2	
CHECK IF AMENDMENT T	O REPORT DATED		Local Co	mmittees, enter Date of Election
STATEM	ENT OF CASH ON HAND			
CASH ON HAND at the beginn	ning of the reporting period. (Total			
CASH ON HAND at the beginn committee. This amount of the last reporting p	ning of the reporting period. (Total obunt MUST be the same as the cast period or must be zero if this is first r	n on hand at the end	\$	625.85
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